

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		5				
18		5				
19		5				
20		5				
21		5				
22		5				
23	1	5				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31	1	1				
32		1				
33		1				
34		1				
35		2				
36		1				
37		1				
38		2				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47	1					
48		1				
49		1				
50		1				

TOTAL IND.

  

TOTAL DEP.

  

TOTAL CLAIMS

  

TOTAL IND.

 

TOTAL DEP.

 

TOTAL CLAIMS

  

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FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101	/	/				
102	/					
103	/					
104	/					
105	/					
106	/					
107	/					
108	/					
109	/					
110	/					
111	/					
112	/					
113	/					
114	/					
115	/					
116	/					
117	/					
118	/					
119	/					
120	/					
121	/					
122	/					
123	/					
124	/					
125	/					
126	/					
127	/					
128	/					
129	/					
130	/					
131	/					
132	/					
133						
134		60				
135		60				
136		60				
137		60				
138		60				
139	/					
40	/					
41	/					
42	/					
43	/					
144	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					

TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS



TOTAL IND.

140



TOTAL DEP.



TOTAL CLAIMS

